

HHS/CDC Global AIDS Program (GAP) in Angola – FY 2003



About the Country of Angola

Capital City: Luanda

Area: 1,246,700 sq km (481,353 sq mi)

Population: 13.5 million

The HIV/AIDS Situation in Angola

HIV Infected: 1 million¹

AIDS Deaths: 24,000²

AIDS Orphans: 100,000³

The first AIDS case in Angola was diagnosed in 1985. By the end of 2002, 9,238 HIV/AIDS cases were reported. The Programa Nacional de Luta Contra o SIDA estimates that the nationwide adult HIV

prevalence rate is 8.6%, based on a seroprevalence study done on pregnant women in a large hospital in Luanda. Based on this estimate, nearly 1 million people are currently infected. By 2009, 430,000 adults are estimated to die of AIDS, leaving 315,000 orphans. The reporting system in the country, however, needs an in-depth review, as it may have suffered from armed conflicts, difficulties in communications, and the general weaknesses of the government structures.

About the Global AIDS Program in Angola

Year Established: 2001

FY 2003 Budget: \$1.54 million USD

In-country Staffing: 2 CDC Direct Hires; 4 Locally Employed Staff; 1 Contractor⁴

Program Activities and Accomplishments

In FY 2003, GAP Angola achieved the following accomplishments in the highlighted areas:

¹ Figure represents a 2003 estimate taken from unpublished data in the GAP M&E Annual Report.

² Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook/geos/et.html>.

³ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

HIV Prevention

- Increased the number of testing sites with GAP support from four to 10 and increased significantly the number of people tested for HIV. All sites received GAP support for reagents and followed GAP protocol.
- Translated GAP protocol into Portuguese. Voluntary counseling and testing (VCT) centers in the country currently use the protocol and the National AIDS Control Program (NACP) intends to adopt it as the national standard.

HIV/AIDS Care and Treatment

- Organized training for medical professionals in the management of HIV/AIDS-related pathology, as the country has assumed the provision of free antiretroviral drugs (ARVs).
- Provided support to Luta Pela Vida ("fight for life"), an advocacy and self-support group for people living with HIV/AIDS (PLWHA), through Population Services International (PSI).

Surveillance and Infrastructure Development

- Collaborated with the Angolan Armed Forces and Drew University to develop a protocol and the supply of reagents for seroprevalence and VCT centers for the military.
- Enhanced the testing protocol for sentinel surveillance in countrywide antenatal clinic sites.
- Collaborated with the main tuberculosis (TB) hospital to provide HIV rapid tests for their studies and to organize their existing data.
- Provided emergency supplies of HIV rapid test kits at the country level to cover an interruption of stocks by the National Blood Bank.
- Supported the development of an algorithm for HIV testing using the HIV rapid test. NACP and the Ministry of Health (MOH) disseminated the results.

Challenges

- Angola experienced war for more than three decades and is only recently coming out of conflict. As a result, the national health infrastructure has deteriorated and efforts to rebuild healthcare capacity are slow.
- The blood supply in Angola is unsafe, particularly in the provinces.
- Accessible, high-quality sexually transmitted infection diagnosis and management is not provided by the MOH.
- Prophylactic therapy for opportunistic infections (OIs) does not exist at the national level. Only the main hospitals have the capacity to treat OIs and even they often lack specific treatments.
- Though the government has started to provide ARVs in some health centers in the capital, no other government-sponsored efforts have been undertaken. HIV/AIDS-focused nongovernmental organizations and community-based organizations need to be established.
- Referral systems are either incomplete or missing altogether due to poor road construction and decentralization of provincial administrations. This contributes to the lack of HIV/AIDS knowledge around control activities in rural provinces.

